



Anacortes Community Gardens 29th Street Garden



GARDEN PLOT APPLICATION

Name _____ Day Phone _____

Address* _____ Eve. Phone _____

_____ Application Date _____

Email _____

*(Residents with a permanent Anacortes mailing address are eligible for a plot)

Requested plot size & fees:

___ half plot (11 x 10 @ \$30/ year) ___ full plot (11 x 24 @ \$50/year)

___ half ADA plot (~15 ft² @ \$15/year)** ___ full ADA plot (~30ft² @ \$25/year)**

___ children's plot (free) *NOTE: under 18 requires parent and child signature*

**Check applicable:

wheelchair accessible plot match me with a mentor for limited assistance

___ I request financial aid to help with the plot fee (specify below)

Check one: *reduced fee* *waived fee* *payment plan*

Each gardener is required to contribute 8 volunteer hours annually to maintain the common areas of the garden or assist with administrative duties.

Indicate your areas of interest:

___ Garden committee ___ Path maintenance ___ Shed tidying and cleanup

___ Perimeter garden care ___ Fall cleanup ___ Compost maintenance

___ Organizing social events ___ Other (describe) _____

Please check all that apply:

___ My child would like to take part in the Children's Garden. (separate application req'd)

___ I would like to volunteer my time or share my harvest with the Food Bank plot

NOTE: Please turn page over and complete the back side of the application.

29th Street Community Garden Application – *Continued*

I have read the current ***Rights and Responsibilities*** for the 29th Street Community Garden and agree to abide by them. I understand that if I fail to do so, I may lose my plot assignment and it will be reassigned. _____ (**initial**)

Liability Waiver

I understand that neither the garden committee nor the City of Anacortes Parks and Recreation Department is responsible for my actions. I release and hold harmless The City of Anacortes, Skagit Beat the Heat, and any of its officials, employees, volunteers, and agents and agree to waive any right of recovery that I may have to bring a claim or lawsuit for damages against them for any personal injury or death or other harmful consequences occurring from my voluntary participation in this activity, except for the sole negligence of the City of Anacortes. ***Any additional gardeners who will work in this plot must also sign this waiver/application.*** _____ (initial)

(Print name) (Signature)

(Print name) (Signature)

NOTE: Add additional names and signatures below as needed

Submit completed application to Anacortes Parks & Recreation Department, Attn: Community Gardens, 904 6th Street, P.O. Box 547, Anacortes WA, 98221; if renewing, include check for annual fee. New applicants wait to be notified of plot availability.

Make Checks Payable to: Transition Fidalgo & Friends – Community Garden

-----***For ACG committee use***-----

Plot # _____ assigned date _____ Annual fee of \$ _____
Financial aid – reduced or waived dues approved: _____
(Advisory committee signature)

Placed on waiting list on _____ Fee refunded: \$ _____



Anacortes Community Gardens is a program of the Anacortes Parks and Recreation Department in partnership with Transition Fidalgo & Friends, a 501(c)3 non-profit organization.